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AUTHOR Conatser, Cheryl
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ABSTRACT

The report describes the implementation and continuation of a family health maintenance program for associate degree nursing students at a community college. Four specific objectives are stated supporting the overall purpose of increasing student awareness of the total health care situation of the family. Implementation of the project, which initially involved 100 freshmen students, is discussed and includes procedures for establishment of health agency contacts, family orientation, student orientation, and student assignment to families. Seventy-five students were still enrolled in the project at the end of the first year. Of these, 32 had participated fully and elected to count time spent with families toward clinical experience time. A student need for more direct objectives, and guidance and measures to meet this need, are stated. Program evaluation was planned to include attitudes and personality tests, seminars, and conferences for the freshmen students. The responsibilities of the staff are listed. Also described are the student and faculty activities in the second year and the final evaluation plan which involved a checklist survey and conferences with the project director for students and families. A seminar schedule and student assignment sheets are appended. (MS)

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A Pilot Project
Associate Degree Nursing Students
In Family Health Maintenance

DEVELOPED JOINTLY BY:

The Division of Occupational Research and Development, Department of Occupational and Technical Education, Texas Education Agency Contract #31200
1972-73

and

Dallas County Community College District
Dallas, Texas

PREPARED BY:

Project Director
Cheryl Conatser

District Offices of Special Services
Robert J. Leo, Director
Lyndon McClure
Claude Owens

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DALLAS COUNTY COMMUNITY COLLEGE DISTRICT

A.D. NURSING STUDENTS IN FAMILY HEALTH MAINTENANCE

PROJECT DIRECTOR - CHERYL CONATSER
Project #31200

FINAL REPORT

The implementation phase of a pilot program for Associate Degree Nursing students in family health maintenance processes began in September, 1972. The overall objective of this project was to increase student awareness of the total health care situation of a family unit by providing A.D. Nursing students with exposure to families during times of stress and normality.

SPECIFIC OBJECTIVES

1. To increase student awareness of the impact of medical intervention on the family as a whole.
2. To broaden student understanding of private and public health facilities in the community.
3. To provide knowledge of the home setting that will enable the student to better plan for pre- and post-hospital care.
4. To increase the student's ability to coordinate efforts of clinics, social agencies, etc., to provide comprehensive health care for the family.

Reports on the implementation phase are as follows:

CONTACTS ESTABLISHED

By the time classes began in September, 1972, contact had been made with various hospitals and agencies to select families to which students were later assigned. Since that time, these hospitals and agencies have provided names of

additional families. A day care center and a community agency for retarded children have also been added to the list of contacts. Each agency has requested that a family with whom they are involved be assigned to an A.D. Nursing student.

FAMILY ORIENTATION

Family orientation meetings were held throughout August, 1972. About 20% of the families participated in each session. Each family was mailed an invitation and asked to select one of five available meeting times. The downtown location of our campus may have been detrimental to attendance. Later on, meetings of this type were held in outlying community centers. The orientation sessions consisted of the following:

1. An overview of the philosophy of the community college and A.D. Nursing (presented by Mrs. Gerry White, Division Chairman, A.D. Nursing, El Centro College) to inform families of students' expectations of the program.
2. Presentation and discussion of the purpose and need for the Family Health Project.
3. Review of the guidelines by the Project Director to emphasize areas in which students can meet their objectives while assisting the family.
4. Explanation of the student's curriculum and clinical assignments (to give families an understanding of the time demand on the student.)
5. Question and answer period.

STUDENT ORIENTATION

The project was presented to students in the second class week of

Fundamentals of Nursing. This meeting was attended by the entire freshman class. The introduction included discussion of the following points:

1. An explanation of the need and purpose of the Family Health Project.
2. Presentation of the method of selecting students and families.
3. Distribution and discussion of project guidelines.
4. Outline of areas in which students may be of assistance to the family while meeting objectives of the program.
5. A brief explanation of the way in which time spent with families could satisfy some required clinical hours.
6. Question and answer period.

In the third week of the semester, the project director met with the students assigned to the project. At this time each student was given information about his respective family. This information included names of family members and ages of children, address, telephone, doctor or clinic, hospital, and expected date of delivery. Time for discussion was utilized with questions from students and the presentation of general objectives for the initial visit.

STUDENT ASSIGNMENT TO FAMILIES

Initially there were 100 students assigned to the program. Through normal attrition there were 77 students at the beginning of the spring semester. One student was exempt because of many stresses in her home, including her 4-year old son with cerebral palsy. Another student asked to withdraw because of health problems. His wife, afflicted with multiple sclerosis, delivered a son in March, 1973; in addition, they have two other children. At his request, his family was assigned to one of his classmates.

Students were assigned in "teams of two." For some this was most beneficial in giving encouragement and support during the initial visits. To others it imposed a handicap in coordinating schedules and time available for visiting with the family. These students were encouraged to visit at times most convenient for him and his family, and to keep his teammate informed of his observations. They were instructed to use this method of informal sharing until time for a joint visit was available.

STUDENT INVOLVEMENT WITH FAMILIES

At the conclusion of the spring semester 1973, seventy-five students were enrolled in this project. Twenty-three students withdrew from the A.D. Nursing program for reason of academic failure, transfer, or changes in personal or professional goals. Two students, previously discussed, were relieved of this assignment by the project director. Of the remaining seventy-five, sixty-nine recorded minimal contact with family and/or participation in related seminar or conference. Thirty-two students recorded maximum family contacts and participation in related activities. (It should be noted that a student's recording of visits was not strictly enforced. The purpose of this policy was to allow student compensation time from his clinical assignment for time spent with his family. However, most students declined to take the clinical time option; therefore, they did not consistently record visits.)

It was felt that a decreased student-faculty ratio in this project would permit an increase in individualized planning and consultation between the project director and each student. Students requested and displayed a need for more direct objectives and guidance. In an attempt to promote this directional approach, each clinical instructor was given a summary description of

the families assigned to her students. This data enabled the instructor to encourage and support these students in attaining their objectives with the family. Also, this information was an additive to post-clinical conference periods. The project director was involved in visiting the clinical setting and leading post-clinical conference sessions regarding the role of the family with the hospitalized patient.

PROGRAM EVALUATION

All freshman entering the A.D. Nursing program were tested with the following tools:

1. Guilford-Zimmerman, an instrument to measure personality development, and
2. A test to measure attitudes toward family involvement in patient care.

Two organized activities were carried out in the fall semester, 1972:

1. Seminar: 6-8 students were selected to share specific areas of interest that had occurred with their families (see Appendix I). One-half of the project students attended one section, the other half another. The remainder of the four-hour seminar involved a guest speaker who discussed the importance of preparation for childbirth for expectant parents and the nurse's role in promoting this.
2. Conferences: Groups of five students met with the project director to relate progress and problems with the assigned family. At this time each student was responsible for writing his objective(s) for the spring semester.

Students were encouraged to have scheduled or unscheduled conferences with the project director as often as necessary or desired. A flexible office schedule was maintained for that purpose. A telephone answering service was employed to facilitate contacting the project director when she is away from campus.

PROJECT STAFF

Cheryl Conatser served as project director since the planning phase, May 15, 1972.

In addition to the planning phase activities, her duties included:

1. Contacting families by phone or home visits. This was done on an irregular schedule, with the focus on families displaying problems and students having difficulty with the family assignment.
2. Contacting out-patient clinics, agencies, and physicians who had referred families. This was especially important with the agencies who continue to make frequent referrals.
3. Counseling with students. This involved matters concerning the student-family relationship, as well as problems of academic, financial and personal nature. It is estimated that one-third of the project director's time was spent in conferences with the students as a means of evaluating the student-family relationship.
4. Administering pre-tests. The tests were given, as previously discussed, and scored. They are kept on file in the project director's office.
6. Acting as assistant to clinical instructors. To maintain involvement with students in the clinical setting, the project director periodically

visited various clinics in which project students were assigned. This provided an opportunity to integrate family concepts and encouraged students to recognize the correlation between the assigned family and the family of the hospitalized patient.

7. Consulting with A.D. Nursing faculty on progress of individual students. Because of the large number of students involved, this was an essential duty of the project director. It was necessary that each faculty member be informed of the student-family relationship in order to give encouragement and support to his clinical student.

Secretarial support was employed approximately six hours per week as needed. These activities were primarily typing and clerical work. A telephone answering service was maintained twenty-four hours per day, seven days a week. One consultant was utilized for formal lectures. Others were contacted on a personal basis by students or by the project director for specific needs.

Although funding from TEA was curtailed after one year of operation, the project was continued on a limited basis by El Centro College.

PROPOSAL

The continuing project involved those students who remained in the A.D. Nursing program and who were assigned to families in the initial phase. In the second year of the project, these students were exempt from clinical assignment on the last clinical day of the month. This served as compensation time or allowed time for family visits. A written report from each student was due each month. In addition to a summary of family activities, the report included discussion of an assigned topic. (See Appendix II)

Planning for integrating the family health maintenance process into the A.D. Nursing curriculum was undertaken by a six-member committee composed of the project director, two members of the A.D. Nursing faculty on the 1973-74 freshman instructional team, the faculty pediatric specialist and two other interested faculty members. The obstetric specialist was added to this committee. During the first four weeks of the Nursing 132 semester, each instructor selected families for her students. This time lapse allowed students to learn basic communication skills and observations skills. It also permitted instructors to determine needs of students which could best be met by particular family assignment. Joint visits were made with the student and instructor to assess family functioning and the health care situation. Theory in fundamentals included family life information.

In Nursing 120, the family approach to health care was the clinical focus rather than the hospital, since this course stressed health maintenance. The family assignment served as the primary clinical focus, although students spent 30-40% of the assigned hours in external experiences and the remainder within the clinical setting of the hospital.

As the student progressed through the two-year program, there were more clinical hours scheduled in the hospital and less time allotted specifically to families and agencies. The family was carried throughout the remainder of the two-year program. A written record was kept by the student. This followed the format of the monthly reports of students in the pilot project. (Appendix II)

The project director held a one-day workshop session with the faculty prior to the opening of Nursing 132 to introduce to them the methods and approaches of family selection which were successful and to alert them to

defined problem areas.

EVALUATION

A participant survey tool was developed which measured the degree to which the project objectives were being met. The format for this tool was a checklist. The evaluation was sent to families and their assigned students who participated in the program. It was mailed to each participant at the end of each academic ye.

The project director vi. . . . . family at the end of the academic year to determine the degree of involvement and the effectiveness of the family-student process. This one-to-one conference provided an opportunity for verbal evaluation.

APPENDIX I

FRIEND OF THE FAMILY SEMINAR

Friday, November 3, 1972
Echo Lounge

Agenda

8:30	Report on Attitudinal Survey	
	Status of family participation	
8:45	Briefs --	
	Glenda Hesley:	Preparation for childbirth - private family
	Yvonne Arnold:	Preparation for childbirth - clinic family
	Genie Cox:	Strangers in the city
	Catherine Wallace:	Labor and delivery
	Anita Bledsoe:	Death of the newborn
	Dovie Jones:	Acute illness in the family
	Karen Hammer:	Special education in the family
	Elizabeth McKillop:	Clinic appointments
	Open Discussion	
10:00	Break	
10:20	Reassemble	
10:30	Mrs. Darian Kilgore, R.N.: Dallas Association for Parent Education	

APPENDIX II

To: Friend of the Family Students
From: Cheryl Conatser
Re: Written assignment due May 4, 1973

The exempt clinical day for the month of April will be:

Wednesday, April 25

or

Friday, April 27

It has been stated that "A STRONG FAMILY HAS AGREED UPON VALUES THAT ARE ROOTED IN THEIR MORAL AND ETHICAL CONCEPTS, WHICH ARE IMPARTED TO THE CHILDREN." In your report, discuss the values which your family places on the five basic areas of family life: economics, education, health, religion and recreation. This should include their moral and ethical approach to these areas, and how the concepts are communicated to the children.

The report is due no later than 1:00 p.m. May 4. It should not exceed two pages.

[1]Adapted from "What Makes for Strong Family Life", Family Service Associations of America, 1958.

To: Friend of the Family Students and Instructors
From: Cheryl Conatser

All students with family assignments in Friend of the Family Project will be exempt from clinical on his last clinical day of the month in March and April. The exempt days will be:

Tues.-Wed. group --- Wed., Mar. 28 and Wed., Apr. 25

Thurs.-Fri. group --- Fri., Mar. 30 and Fri., Apr. 27

Students on a limited rotation schedule (labor, delivery, Scottish Rite) on these days will have an exempt day rescheduled by the clinical instructor.

The purpose of this exemption is:

A. To facilitate a satisfactory visiting period with family, and/or

B. To compensate for time already spent with family.

It is not mandatory that the visit be made during these hours, but it is encouraged if compatible with family schedule. It is required that <u>one</u> visit be made each month for the remainder of the semester. THIS ASSIGNMENT IS IN LIEU OF A REGULAR CLINICAL ASSIGNMENT EACH MONTH.

A written summary of each visit will be turned in to the Project Director no later than 3:00 p.m. on the 4th day of the following month (Apr. 4, May 4). This report is not to exceed one page and should include:

1. names of parents
2. names and current ages of children
3. stages of development of each child (according to Erikson)
   a. accomplishments of child
   b. deviations from expected normals
4. expected date of delivery, if applicable

5. information about most recent delivery (since Sept., 1972)
6. type of medical care (private, clinic)
7. recent illnesses
8. how family health is maintained
9. your observations about strengths and weaknesses of family relationships